

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

KERRY JOHNSON, et al.

*

Plaintiffs

*

v.

*

Civil Action No. 1:06-cv-408

GEICO CASUALTY COMPANY, et al.

*

Defendants

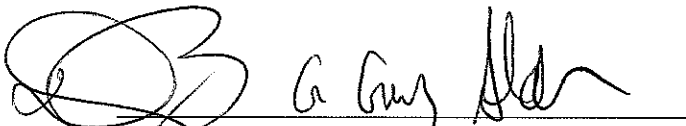
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CLASS ACTION

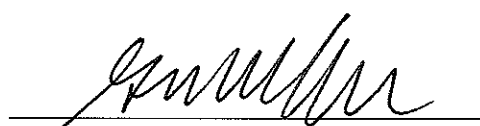
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**NOTICE OF RULE 30(B)(6) DEPOSITION DUCES TECUM OF
STONEY BATTER FAMILY MEDICINE ASSOCIATES, P.A.**

PLEASE TAKE NOTICE that pursuant to FED. R. CIV. P. 30(b)(6), the Defendants will take the deposition upon oral examination of the person designated by Stoney Batter Family Medicine Associates, P.A. with respect to the topics set forth in Schedule A. The designee shall produce the original documents set forth in Schedule B. The deposition duces tecum will take place on July 16, 2008, commencing at 9:00 a.m., at the offices of LAW OFFICES OF DAWN L. BECKER, 919 N. Market Street, Suite 460, Wilmington, Delaware 19801, or such other date or at such other time or place as may be agreed upon by the parties or ordered by the Court. The deposition will be recorded by stenographic means.



Gary W. Alderson, Trial Bar No. 3895
Dawn L. Becker, Trial Bar No. 2975
LAW OFFICES OF DAWN L. BECKER
Citizens Bank Center
919 N. Market Street
Suite 460
Wilmington, Delaware 19801
302-778-5786
Attorneys for Defendants



George M. Church
Laura A. Cellucci
MILES & STOCKBRIDGE P.C.
10 Light Street
Baltimore, Maryland 21202
410-727-6464

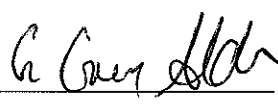
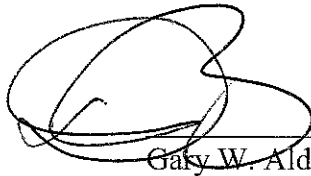
*Attorneys for Defendants
Admitted Pro Hac Vice*

CERTIFICATE OF SERVICE

I HEREBY CERTIFY, that on this 3rd day of June, 2008, a copy of the foregoing was mailed, first class mail, postage prepaid, to:

Richard H. Cross, Jr., Esquire
Christopher P. Simon, Esquire
CROSS & SIMON, LLC
913 North Market Street
11th Floor
P.O. Box 1380
Wilmington, Delaware 19899-1380

Attorneys for Plaintiffs



Gary W. Alderson

SCHEDULE A

TO: Stoney Batter Family Medicine Associates, P.A.

The deponent is requested to produce a person or persons who are most knowledgeable about and can testify regarding the matters described below:

1. The care and treatment rendered to Sharon Anderson, DOB: 1/23/63, between January 1, 2001 and the present.
2. The complete billing and payment history relating to billings, payments, write-offs, write-downs, explanations of benefits, insurance payments, collection efforts or referrals and the entire payment account history for Sharon Anderson between January 1, 2001 and the present.
3. The complete history of all medications provided to or prescriptions written for Sharon Anderson between January 1, 2001 and the present.
4. The determination by Stoney Batter Family Medicine that the office visits of June 13, 2005 and October 10, 2005, were medically necessary and were causally related to Sharon Anderson's motor vehicle accident of August 3, 2004.
5. The manner in which you determined what fee to charge for CPT codes 99211, 99212, 99213, 99214, and 99215 between January 1, 2001 and the present.
6. The method by which you determined the CPT code for which you will charge a patient related to an office visit.
7. Any collection efforts or referrals to collection agencies related to any claim for overdue bills or outstanding balances for Sharon Anderson between January 1, 2001 and the present.

8. The circumstances and documentation relating to the completion of the disability slip prepared on 10/10/05 relating to the period from August 3, 2004 through August 10, 2004. (A copy is attached to this notice.)

STONEY BATTER FAMILY MEDICINE
ASSOCIATES, P.A.
HAL P. KRAMER, M.D.
SCOTT J. SCHAEFER, M.D.
HORATIO C. JONES, M.D.
EDWARD J. MCCONNELL, M.D.
ANNE E. ARCHBOLD, F.N.P., M.S.N.
JENNY L. HUGHES, F.N.P., M.S.N.
SUZANNE TOWNSEND, A.N.P.
5301 LIMESTONE ROAD, SUITE 222
WILMINGTON, DE 19808-1225

CG23 234-9109
DEA #
GC #

NAME Susan Anderson AGE
ADDRESS DATE 10/14/04

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R pt was out of work
from DCA 8/4/04 until
8/10/04 due to Cervical
& Lumbar Strain

Refill _____ times

Substitution Permitted
IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE
PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR
"BRAND MEDICALLY NECESSARY" IN THE SPACE BELOW.

5FTF1314803

SCHEDULE B

TO: Stoney Batter Family Medicine Associates, P.A.

DOCUMENTS TO BE PRODUCED

1. The entire original medical chart for Sharon Anderson.
2. All records related to the complete billing and payment history, including documents related to payments, write-offs, write-downs, Explanations of Benefits, insurance payments, co-pays, collection efforts or referrals for Sharon Anderson.